

## CHAPTER 1

### II. VARIATION IN ORGANIZATIONAL CAPACITY BY SIZE OF POPULATION SERVED

**Accessibility:** to public health services improves with the size of population served. Thirteen agencies (11%), all serving populations fewer than 40,000, have their primary facility open less than 40 hours each week. Likelihood of increased hours and maintenance of satellite locations improves as populations served increases. A total of 49 agencies, including 12 of the 13 that serve populations over 80,000, offer services at times other than the usual 8:00 a.m. to 5:00 p.m. workday. (See Graph 1.A. and Data Tables 1.A. & 1.C.)

**Facilities:** in general, agencies serving populations 20,000 or fewer, rate their facilities adequacy to provide for client comfort, confidentiality and efficiency of service better than do agencies serving larger populations. The same is true in rating their facilities' adequacy to accommodate staff productivity and job satisfaction. Sixty-nine percent (69%) of agencies serving populations up to 20,000 rated their facilities' adequacy for staff as very good or cutting edge, while only 39% of agencies serving populations 80,000 or greater rated their facilities' adequacy this high. (See Graph 2.C.2. and Data Table 2.C.2.)

**Fiscal Management:** there are several areas of financial accounting and budgeting where smaller agencies rated themselves better than did larger agencies. Seventy-one percent (71%) of agencies serving populations of 40,000 to 80,000 indicate they are doing very good at costing specific services. Twenty-three percent (23%) of those serving populations over 80,000 say they are not doing it and an additional 39% are doing okay or getting by. Regarding ability to determine cost effectiveness of services, a few of the largest and a few of the smallest are not doing it while all others said they are doing "okay" or better. (See Graph 3.B.1. and Data Table 3.B.1.)

**Technology:** larger agencies report greater capacity in technology. The percent of agencies with a complete local computer network increases from 44% of the smallest agencies to 85 % of the largest agencies. Small agencies are more likely (44%) to have a partial local computer network and are also more likely to use MOHSAIC for immunizations. The use of MOHSAIC for Family Planning ranges from 22% of agencies serving populations fewer than 20,000 to 53% of agencies serving populations between 20,000 and 40,000. MOHSIS, used for communicable disease surveillance, is utilized only by agencies serving larger populations at the present time. (See Data Tables 4.A., 4.B., 4.C.1. and 4.C.2.)

Sixty-nine percent (69%) of agencies serving populations of over 80,000 have a web site. The percentage of agencies with their own web site decreases with size of population, with only 18% of agencies serving populations fewer than 20,000 having one. (See Data Table 4.G.)

Services and Programs: In general, the number of services provided by an agency is not a reflection of agency size. The percent of agencies providing 10 or more of the 15 services/programs counted varies only slightly. The percent of agencies offering 10 or more services ranges from 56% of agencies serving populations 20,001 to 40,000, to 69% of agencies serving populations over 80,000. Two agencies reported they offer all 15 services/programs, and each serves a population less than 20,000.

Seventy-six percent (76%) of agencies that provide home health services are serving populations less than 20,000. Nineteen (19%) of agencies providing home health services serve populations 20,001 to 40,000 and the remaining 5% serve populations from 40,001 to 80,000.

The 15 agencies providing primary care services are equally divided into various population groups.